

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 158V

Registered No. 201

1. PLACE OF BIRTH :

County Cochise State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3225 Loomis Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Susana Picasso (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Aug 11 - 1925  
Month Day Year

8. FATHER Full name Jes Picasso 14. MOTHER Full maiden name Feliverta Selgado

9. Residence (Usual place of abode) Miami Ariz 15. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 16. Color or race Mexican  
11. Age at last birthday 43 (Years) 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico  
(State or country) (State or country)

13. Occupation Labour 19. Occupation House wife  
Nature of industry Nature of industry

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 18 (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 8 a. m. on the date above stated  
(Born alive ~~unborn~~.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature [Signature] (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami Ariz

Month, day, year \_\_\_\_\_ Filed Aug 11, 1925 C. E. Trinkl  
Registrar Registrar

076-811-646